

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/857673** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
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21						
22		1				
23			1			
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26			1			
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31			1			
32			1			
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47						
48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	24	24	24	24	24	24
TOTAL CLAIMS	24	25	25	25	25	25

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS